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**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811117 (1)
1. Corporation Name
THE KIPLINGER WASHINGTON EDITORS, INC.



Principal Place of Business: **% TREASURER'S OFFICE 1729 H STREET NW WASHINGTON DC 20006**
Mailing Address: **% TREASURER'S OFFICE 1729 H STREET NW WASHINGTON DC 20006-3904**

3. Date incorporated or Qualified: **12/19/1952**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **53-0084610**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Suite, Apt. #, etc.**
22 City & State
23 Zip **24 Country**
25

2a. Mailing Address: **26 Suite, Apt. #, etc.**
27 City & State
28 Zip **29 Country**
30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, AUSTIN H.	
STREET ADDRESS	16801 RIVER ROAD	
CITY-ST-ZIP	POOLESVILLE MD	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, KNIGHT A.	
STREET ADDRESS	5024 SEDGWICK ST NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, TODD L.	
STREET ADDRESS	5024 SEDGWICK ST NW	
CITY-ST-ZIP	WASHINGTON, D.C. 0	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILKES, CORBIN M.	
STREET ADDRESS	3200 N. WOODROW ST.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THEODORE J MILLER	
STREET ADDRESS	5816 COLFAX AVE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRODERICK, STEPHEN J	
STREET ADDRESS	508 WATTS BRANCH PARKWAY	
CITY-ST-ZIP	POTOMAC MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD KIPLINGER, TODD L.
3.3 STREET ADDRESS	4910 SCARSDALE ROAD
3.4 CITY-ST-ZIP	BETHESDA, MARYLAND
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)

ATTACHMENT TO FLORIDA ANNUAL REPORT

1997

OFFICERS & DIRECTORS

S/D
MATTHEWS , GARY
5937 FRAZIER LANE
MCLEAN, VA 22101